### IN THE SUPREME COURT OF MISSOURI

## Application To Participate in the Legal Assistance by Law Students Program Without Application for Character and Fitness Report on File

TYPE ALL ANSWERS

2.

3.

4.

1.	STA	TE THE FOLLO	OWING:										
		Mr.	Ms.	SSN:									
	A. Full Name:												
	B.	. Date of Birth:											
	C.	C. Telephone numbers where you can be reached:											
		Home:											
	D.	Current address	:										
		Street:											
		City:		State:	Zip:								
	E. Permanent Mailing Address (if different than above):												
	F.	?	YES	NO									
		If YES, list belo	ow, including m	naiden names, and dates	s thereof:								
		Name:											
		From Mo/Yr:		To Mo/Yr:									
	G.	List every state in which you have been issued a driver's license during the past 5 years:											
		State:	I	License Number:	Expiration:								
		State:	I	License Number:	Expiration:								
2.	felo	Have you pled guilty or nolo contendere to or been found guilty, whether sentence was imposed or not, of any felony?  YES NO  If YES, attach a separate page providing a full explanation.											
3.	Have you enclosed a money order or cashier's check made payable to Clerk of the Supreme Court in the amount of \$50.00 in payment of this Rule 13.02(c) application.  YES  NO												
4.		Do you acknowledge that this fee is non-refundable and will not be credited toward any future law student registration or bar examination application fees.  YES No											
Date	:												
					Signature of Applicant								

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## AUTHORIZATION AND RELEASE

Ι,	Applicant's Full Name			SSN
born at	City	State	on	Date of Birth
company, corp having control Supreme Coun documents, re complaints era to permit the S copies of such I hereby releas appointees, an	oration, governmental of any documents, recent of Missouri, its apport cords, bar association fused by law, whether for Supreme Court of Missouries documents, records are se, discharge and exoned any person so furnish	erate the Supreme Court of M ning information from any and	ency, court, associated and the estaining to me, attees, any such it plaints filed agardlosed, or any or sof its appointed assouri, its appoint all liability of e	to furnish to the information, including any other pertinent data, and ees, to inspect and make bintees and agents of its every nature and kind
-		tion of such documents, record court of Missouri, its appointe		
I further conse lieu of an origi		photocopy of this Authorizat	ion and Release	e may be accepted in
		Signat	ure of Applicar	nt
State of	)			
County of	)			
Subscribed an	d sworn to before me t	his day of	20	_·
			Notary Public	·

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[Seal or stamp must be affixed.]

#### In The Matter Of:

Type or Print Dean's Name: Dean's Telephone Number:

# (Law Student's Full Name and Social Security Number) Petition of Law Student Applicant

, a law I am presently enrolled as a student at school accredited by the American Bar Association. I have read and fully understand the provisions of Supreme Court Rule 13 and hereby pledge to abide by the aforementioned rule. I have read and thoroughly familiarized myself with Supreme Court Rule 4, Rules of Professional Conduct, and will abide by the aforementioned rule. I have not filed an Application for Character and Fitness Report in Missouri. Date: Applicant's Signature Law School Dean's Certification As Dean of School of Law, I certify that is enrolled as a law student in good standing at this institution, has earned at least one-half of the credit hours required for graduation, and is tentatively expected to complete the Juris Doctor Degree in (month/year) I certify that the student has not been found guilty of violating the law school's ethical standards. I certify that I do not have knowledge or notice of any information that would cause me to doubt the student's character, fitness, or moral qualifications to practice law. I certify that to my knowledge, the student has not been denied registration as a law student, or any similar application, in any jurisdiction on the basis of the student's character and fitness. Date: (Signature of Dean or Authorized Official)

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Telephone: (573) 751-9814 Website: www.mble.org

## (Law Student's Full Name and Social Security Number)

## **CERTIFICATION OF SUPERVISING ATTORNEY**

Supervising Attorney's Name: Supervising Attorney's Missouri Bar Number:						
I, Missouri Bar.	state that I am a member in good standing of the					
I assume a professional responsibility for guiding any work undertaken by the above-referenced student pursuant to the student's certification under Rule 13 and for supervising the quality thereof. I will assist the student's preparation to the extent I consider necessary.						
I have reviewed Supreme Court Rules 13.01 and 13.04 regarding activities in which a Rule 13 certified student may engage.						
This student will participate in, an activity designated and authorized in Rules 13.01 and 13.04.						
Date:						
	(Signature of Supervising Attorney)					
Attorney's business address: Street or PO Box City, State & Zip						
Daytime telephone number:						
E-mail address:						
Submit this form to: Board of Law Examiners 407 Jefferson Street Jefferson City, MO 65101						

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